

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		1				TOTAL IND.				
TOTAL DEP.	34		20				TOTAL DEP.				
TOTAL CLAIMS	36		21				TOTAL CLAIMS				

Claim		Date			Claim		Date			Claim		Date		
Final	Orig	1/1/04			Final	Orig	1/1/04			Final	Orig	1/1/04		
	107	✓				156	✓				204	✓		
	108					157					205			
	109					158					206			
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	131					180					228			
	132					181					229	✓		
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	152					201								
	153					202								
	154					203								
	155	✓				204	✓							